

Name  
in  
Full

John Wesley Anderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Chestertown</i>		<sup>County</sup> <i>Kent</i>		MARYLAND	
Date of death 190 <i>3 Apr.</i>	Month <i>3</i>	Day <i>3</i>	Age <i>56</i>	Years <i>2</i>	Months <i>15</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Kent Co</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Benima Anderson</i>					
Father's Name <i>Isaac Anderson</i>			Father's Birthplace <i>Dont know</i>		
Mother's Maiden Name <i>Hannah A. Sheppard</i>			Mother's Birthplace <i>Dont know</i>		
Name of person giving information <i>Benima Anderson</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Myocardial Regurgitation</i>	How long <i>2 yrs (about)</i>
Immediate <i>Dropsy</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. G. Simpers</i>
	Address <i>Chestertown Kent Co</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Leticia Cooper

## CERTIFICATE OF DEATH

Town

County

Died at near Hanesville

Kent

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

April

21

Age

69

Sex

Female

Color or  
Race

Colored

Birth-  
place

Kent Co Md

Married, Single  
or Widowed

Widowed

Occupation

House Keeper

Name of Wife or  
Husband

Benj Cooper

Father's  
Name

Don't Know

Father's  
Birthplace

Don't Know

Mother's  
Maiden Name

Don't Know

Mother's  
Birthplace

Don't Know

Name of person giving  
In formation

Horace Lindy

How related  
to deceased

not related

## CAUSES OF DEATH

Primary

Debility

How long

Immediate

General Debility

How long

One year

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

John H. Hervey

Address

Hanesville Md

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



*George C. Davis*  
 Town County

Died at

*Rock Hall*

County

*Kent*

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

*April 30*

Age

*2**Maryland*

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

*George H. Davis*

Mother's

Maiden Name

*Rhoda Downey*

Cause of

Primary

*Pneumonia*

How long sick

*14 days*

Death

Immediate

*Heart failure**93*

Accident, Suicide, Homicide

Reported by

*E. B. Wilson*

Address

*Edesville**Kent County Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Carmel Frazier

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Chestertown</i>		<sup>County</sup> <i>Kent</i>		MARYLAND	
Date of death 190	<sup>Month</sup> <i>3 Apr</i>	<sup>Day</sup> <i>13</i>	Age <sup>Years</sup> <i>6</i>	<sup>Months</sup>	<sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Chestertown</i>		
Married, Single or Widowed <i>_____</i>			Occupation <i>_____</i>		
Name of Wife or Husband <i>_____</i>					
Father's Name <i>Thomas Frazier</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Kate Rigby</i>			Mother's Birthplace <i>Chestertown</i>		
Name of person giving information <i>Thomas Frazier</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pertussis, Congestion of lungs</i>	How long <i>2 weeks</i>
Immediate <i>Apnoea</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Simpkins</i>
	Address <i>Chestertown Kent Co</i>
Accident or Suicide? <i>No</i>	

May 20/61



Name in Full <b>Randolph Efford Frazier</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Chestertown</b> <sup>Town</sup>		<b>Kent</b> <sup>County</sup>
	Date of death 1903 <b>Apr</b> <sup>Month</sup> <b>18</b> <sup>Day</sup>		<b>7</b> <sup>Months</sup> <b>18</b> <sup>Days</sup>
	Sex <b>Male</b>	Color or Race <b>Black</b>	Birth-place <b>Chestertown</b>
	Married, Single or Widowed _____		Occupation _____
	Name of Wife or Husband _____		
	Father's Name <b>Thomas Frazier</b>		Father's Birthplace <b>Virginia</b>
	Mother's Maiden Name <b>Kate Rigby</b>		Mother's Birthplace <b>Chestertown</b>
Name of person giving information <b>Thomas Frazier</b>		How related to deceased <b>Father</b>	
<b>CAUSES OF DEATH</b>			
PHYSICIAN OR CORONER	Primary <b>Capillary Bronchitis</b>		How long <b>One week</b>
	Immediate <b>Apnea</b>		How long <b>Several hours</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. G. Simpess</b>
	Address <b>Chestertown Kent Co</b>		
Accident or Suicide? <b>No</b>			

1109  
20/03

Mary Canady Humbert -

Died at <sup>Town</sup> Cheltenham <sup>County</sup> Rich MARYLAND

1903 Month 4 Day 13 Y. 88. M. 3 D. 2 Native of Prussia Occupation Housewife  
 Date 1903 ~~Male~~ White Married ~~Widow~~ Divorced ~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living 0

Husband of Fred Humbert & Reuben Gueland <sup>Wife</sup> <sup>Surv</sup>  
 Father's Name Unknown Mother's Name Unknown

Cause of Death { Primary Heart Failure Secondary How long sick Several years  
 Immediate Heart Failure 79 Accident, Suicide, Homicide

Reported by Dr. Frank B. Brice M.D.

Address Cheltenham MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Harvey Hutchins

## CERTIFICATE OF DEATH

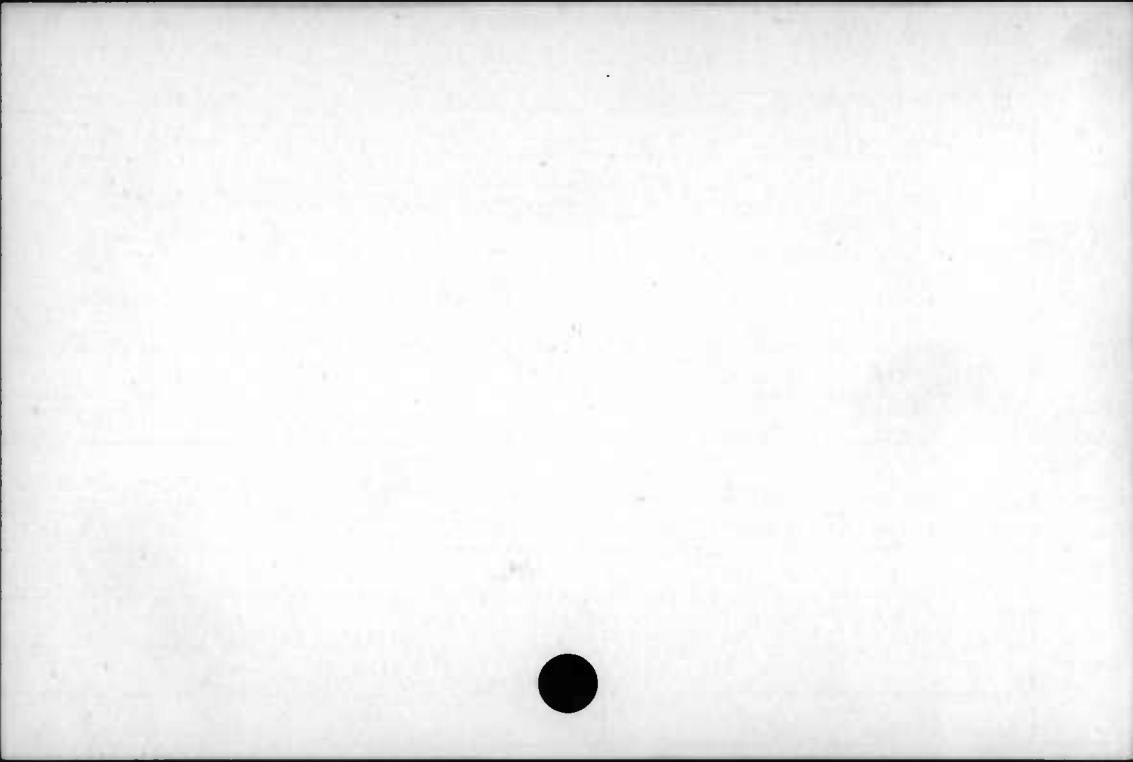
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chester Town</i>		<i>Kent</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Apr.</i>	Day <i>14</i>	Age <i>3</i>	Years	Months <i>Don't know</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Md. Del.</i>		
Married <del>Single</del> or Widowed			Occupation <i>none</i>		
Name of Wife or Husband					
Father's Name <i>Thos. Hutchins</i>			Father's Birthplace <i>Queen Anne's</i>		
Mother's Maiden Name <i>Martha Cassard</i>			Mother's Birthplace <i>Va</i>		
Name of person giving information <i>Chas. H. Hutchins</i>			How related to deceased <i>2nd Cousin</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>all his life</i>
Immediate <i>Tuberculosis</i>	How long <i>" " "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. ...</i>
	Address <i>Chester Town</i>
Accident or Suicide? <i>No.</i>	<i>Md. X</i>



Name  
in  
Full

Marshall Thomas Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>Apr</i>	Day <i>19</i>	Age	Years <i>44</i>	Months	Days	
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth- place	<i>Chestertown</i>
Married, Single or Widowed	<i>Married</i>		Occupation	<i>Laborer</i>			
Name of Wife or Husband	<i>Carrie Griffin</i>						
Father's Name	<i>George Jones</i>				Father's Birthplace	<i>Kent Co</i>	
Mother's Maiden Name	<i>Lizzie Saulter</i>				Mother's Birthplace	<i>Kent Co</i>	
Name of person giving In formation	<i>Carrie Jones</i>				How related to deceased	<i>Wife</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Pulmonary Tuberculosis</i>		How long	<i>10 weeks</i>
Immediate	<i>Asthma</i>		How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>H. G. Simpser</i>
			Address	<i>Chestertown Kent Co</i>
Accident or Suicide?		<i>No</i>		





Name  
in  
Full

Maria Louisa Lettie Lunsday

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Chestertown</i>		County <i>Kent</i>		MARYLAND	
Date of death 190		Month <i>3 Apr</i>	Day <i>21</i>	Age Years .		Months <i>5</i>	Days <i>21</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth- place <i>Chestertown</i>			
Married, Single or Widowed <i>_____</i>				Occupation <i>_____</i>			
Name of Wife or Husband <i>_____</i>							
Father's Name <i>John T Lunsday</i>				Father's Birthplace <i>Kent Co</i>			
Mother's Maiden Name <i>Mary E. Turner</i>				Mother's Birthplace <i>Kent Co</i>			
Name of person giving In formation <i>Mary E Turner</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Capillary Bronchitis</i>		How long <i>One week</i>	
Immediate <i>Apnoea</i>		How long <i>Several hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. G. Impero</i>	
		Address <i>Chestertown Kent Co</i>	
Accident or Suicide? <i>No</i>		<i>X</i>	

May 20/05

Name in Full

Certificate of Death

Mary Catharine Loller

Died at <sup>near</sup> <sup>Town</sup> ~~Mellitola~~<sup>County</sup> Kent

MARYLAND

Date <sup>1903</sup> ~~1902~~ Month <sup>4</sup> ~~5~~ Day <sup>5</sup> ~~3~~ Y. M. D. Native of <sup>Germany</sup> ~~Germany~~ Occupation <sup>Housewife</sup> ~~Housewife~~  
 Male ~~White~~ Married <sup>66</sup> ~~Single~~ Widowed ~~Widow~~ Divorced <sup>6</sup> ~~6~~  
 Female Colored ~~Single~~ Widowed Number of children living

~~Wife~~ of <sup>Samuel Loller</sup> ~~Samuel Loller~~  
 Father's Name <sup>Edgar Gammis</sup> ~~Edgar Gammis~~

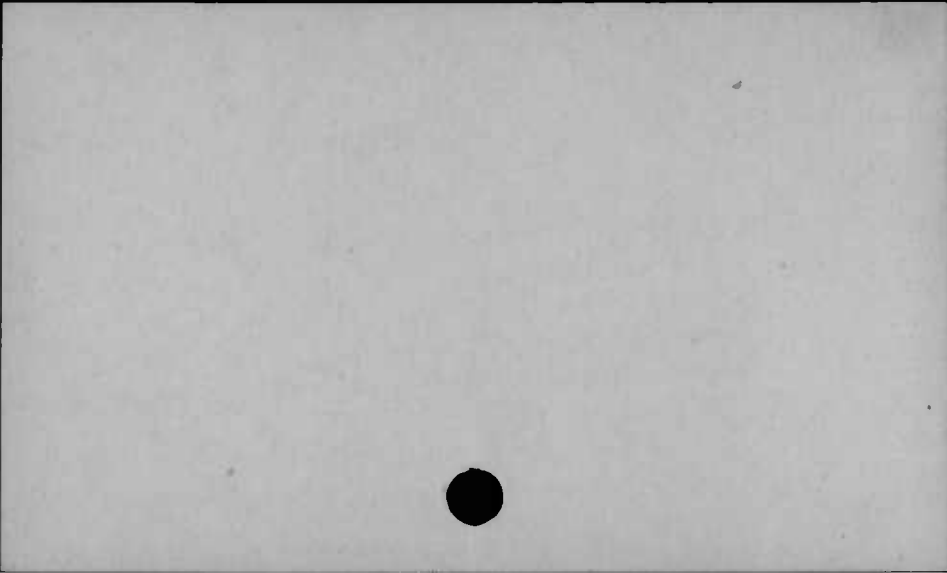
Mother's Name <sup>Don't Know</sup> ~~Don't Know~~

Cause of Death { Primary <sup>Heart Failure</sup> ~~Heart Failure~~ How long sick  
 Immediate <sup>Dissolution of Marital</sup> ~~Dissolution of Marital~~ Accident, Suicide, Homicide

Reported by <sup>Frank Herries</sup> ~~Frank Herries~~  
 Address <sup>Chesterton</sup> ~~Chesterton~~ <sup>MD</sup> ~~MD~~

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 8888



Name in Full

Certificate of Death

Matilda Lucas

Died at <sup>Town</sup> Rock Hall <sup>County</sup> Kent

MARYLAND

Date 1963	Month April	Day 8	Age 53	Y. M. D.	Native of Md	Occupation Housewife
Male	White	Married	Widow	Divorced	Number of children living 3	
Female	Colored	Single	Widower			

Husband of Joseph A. Lucas

Wife

Father's Name

Mother's Maiden Name

Cause of Death	Primary	No fr interrelance	How long sick	4 months
	Immediate		Accident, Suicide, Homicide	

Reported by Thos H Leasey 79 Undertaker

Address Rock Hall Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name in Full

Died at

Date 19

Male

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Number of children living

Marianh Elliott

Gun Shot wound

Primary

Immediate

Homicide &amp; Murder

How long sick

Accident, Suicide, Homicide

Dr W H Jacob

Millington Md

196 X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Carl Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Turners Creek</i>		<sup>County</sup> <i>Hunt Co</i>		MARYLAND	
Date of death 190 <sup>3</sup>	<sup>Month</sup> <i>apr</i>	<sup>Day</sup> <i>29</i>	Age <sup>Years</sup> <i>1</i>	<sup>Months</sup> <i>—</i>	<sup>Days</sup> <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Philip Myers</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Carrie Moffett</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Philip Myers</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia.</i>	How long	<i>95.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Wm. S. Mayewell,</i>	
		Address <i>Still Pond.</i>	
		<i>md.</i>	
Accident or Suicide?		<i>X</i>	

Still Pond

Name  
in  
Full

Edward Nickerson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died <i>Mar 21</i>		Town <i>Frederick</i>		County <i>Kenn</i>			
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>2</i>	Age <i>27</i>	Years <i>27</i>	Months	Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Frederick</i>			
<del>Maid</del> Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Dr Consumption</i>	How long	<i>4 yrs</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Carrington</i>	
		Address <i>Frederick</i>	
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

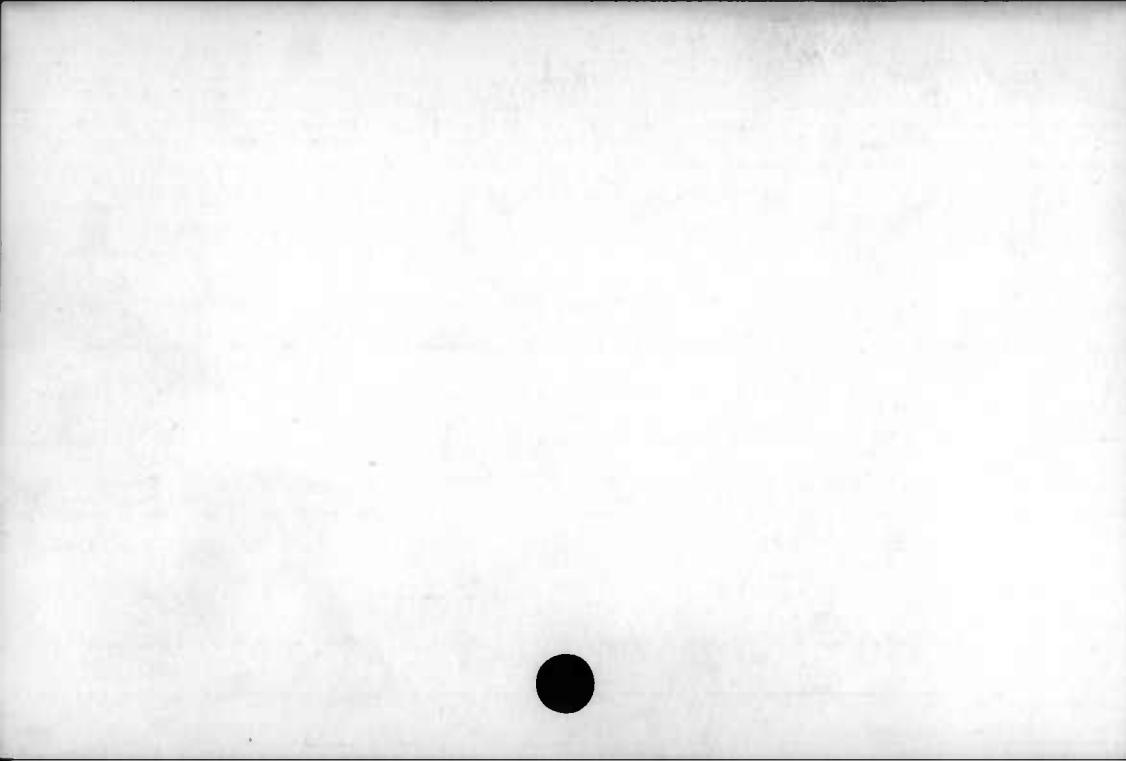
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Coleman</i> Town <i>Hunt</i> County		MARYLAND	
Date of death 190	3	Month <i>Apr</i>	Day <i>25</i>
Age	11	Years	Months <i>10</i>
Sex <i>Male</i>	Color or Race <i>Blk</i>	Birth-place <i>md</i>	Days
Married, Single or Widowed <i>single</i>	Occupation <i>room</i>		
Name of Wife or Husband			
Father's Name <i>James Swell</i>		Father's Birthplace <i>md</i>	
Mother's Maiden Name <i>Mary Brown</i>		Mother's Birthplace <i>md</i>	
Name of person giving information <i>Mary Brown</i>		How related to deceased <i>mother</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia.</i>	How long <i>5-days.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>Wm. S. Maxwell</i>
Accident or Suicide?	



Died at *Boon Hall* *Flint* *Town* *County* *MARYLAND*  
 Date 19 *April* *3* *Y.* *M.* *D.* *Maryland* *Laborer*  
 Male *White* Married *Widow* Divorced  
 Female *Colored* Single *Widower* Number of children living *9*

Husband of *Martha Brown*  
 Wife  
 Father's Name *Joseph Suckey* Mother's Maiden Name *Mary Wicker*  
 Cause of Death { Primary *General Debility* How long sick  
 Immediate *154* Accident, Suicide, Homicide

Reported by *L. M. Wilson*  
 Address *Edgewood* *Kent Co., Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Galena</u> <sup>Town</sup>		<u>Kent</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>3</u>	Month	<u>4</u>	Day	<u>1</u>
Age		<u>16</u>	Years	Months	<u>—</u>
Sex	<u>male</u>	Color or Race	<u>col</u>	Birth-place	<u>Kent Co</u>
Married, Single or Widowed	<u>Single</u>		Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>—</u>		
Name of person giving information <u>—</u>			How related to deceased <u>—</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>1 yr</u>
Immediate	<u>Acute Heart Attack</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. M. Lattin</u>	
		Address <u>Galena Md.</u>	
Accident or Suicide?			



Name  
in  
Full

Kellis Whittington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <u>near Galena</u> Town		<u>Kent-</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>4</u>	Day <u>8</u>	Years <u>10</u>	Months <u>6</u>	Days <u>8</u>
Sex		Color or Race <u>Col</u>		Birth-place <u>Maryland</u>	
Married, Single or <u>Widowed</u>			Occupation		
Name of Wife or Husband					
Father's Name <u>Abraham Whittington</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Josephine Dyer</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Abraham Whittington</u>			How related to deceased <u>Father &amp; Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Phthisis Pulmonis</u>	How long <u>3 years</u>
Immediate <u>Uremic Poisoning</u>	How long <u>Two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Wm. Latimer M.D.</u>
	Address <u>Galena Miss</u>
Accident or Suicide?	

